

# CLAIMS ONLY

Application Number

10/509380

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10	1					
11		1				
12	1					
13	1					
14	1					
15						
16		3				
17		3				
18		3				
19		3				
20		3				
21		3				
22		3				
23	1					
24						
25						
26		3				
27		3				
28		3				
29		3				
30		3				
31		3				
32		3				
33		3				
34	1					
35						
36		1				
37		1				
38						
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	9					
Total Depend	63					
Total Claims	72					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						